



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 2981

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/562,013    | 12/23/2005                       | 514   | 1621           | Q91867              |

**APPLICANTS**

Francesco Makovec, Lesmo, ITALY;  
 Lucio Claudio Rovati, Monza, ITALY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB04/02208 06/21/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY TO2003A000474 06/23/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/04/2006

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | ITALY            | 4               | 14           | 2                  |
| Verified and<br>Acknowledged   | /LALITHA<br>NAGUBANDI/<br>Examiner's Signature                      | Initials                                     |                  |                 |              |                    |

**ADDRESS**

SUGHRUE MION, PLLC  
 2100 PENNSYLVANIA AVENUE, N.W.  
 SUITE 800  
 WASHINGTON, DC 20037  
 UNITED STATES

**TITLE**

Method for the preparation of crystalline dexloxioglumide and products obtained

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                            |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                            |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                            |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                            |   | <input type="checkbox"/> Other _____                         |
|                            |   | <input type="checkbox"/> Credit                              |